

**All-Party Parliamentary Group on Immigration Detention
Covid-19 Update**

Thursday 30th April 2020, 11.00-12.00

Annex A

**Presentation on current situation in immigration detention
Kris Harris, Medical Justice**

Heightened risks from COVID-19 in detained settings

1. Members of the APPG will already be well aware of the harmful effect that immigration detention has on people's health and wellbeing even in the absence of a pandemic.
2. The COVID-19 crisis, however, put the lives of those held in detention at very serious additional risk.
3. Immigration Removal Centres (IRCs) and prisons are what might be termed 'congregate populations' – groups of people gathered together. There is an increased risk of 'clusters of disease' or uncontrolled outbreaks in such populations.
4. Public health experts have submitted evidence demonstrating that detainees are at increased risk due to:
 - a. Many people being held in small spaces, making social distancing very difficult
 - b. Poor standards of ventilation and cleaning, as emphasised in the Shaw Review
 - c. Inadequate healthcare in detention
 - d. A policy of 'cohorting' suspected COVID-19 cases. This involves putting everyone displaying symptoms of COVID-19 in the same area of a centre. In the absence of testing, this means that people who actually do have COVID-19 may be mixing with people who do not, increasing the risk of transmission.
5. In addition, experts have pointed out that IRCs and prisons can function as an 'epidemiological pump', with staff forming a conduit of infection between the centre and the community.

Who is left in detention?

6. At the outset of the pandemic it is estimated that there were around 1200 people held in IRCs and a further 350 people held under immigration powers in prisons. The Home Office are not sharing information on numbers in detention but estimates gathered from organisations working with detainees suggest that hundreds are still being held under immigration powers. *(NB. Since this briefing was given, the Home Office stated in a letter to the President of the First Tier Tribunal*

Asylum and Immigration Chamber that as at 21 April 2020 there were still 708 people held under immigration powers - 368 in IRCs and 340 in prisons.¹)

7. The government has contemplated releasing 4,000 prisoners serving criminal sentences. This begs the question as to why the Home Office won't release all immigration detainees, none of whom are (still) serving a criminal sentence. People are meant to be held in immigration detention for administrative convenience to aid in their removal - a removal which is now very unlikely.
8. There have been three cases of COVID-19 in three separate centres – Yarl's Wood, Brook House and Harmondsworth. The cases at Yarl's Wood and Brook House were both confirmed by the Home Office. The third case at Harmondsworth was confirmed by the centre contractor Mitie. Very little testing is being carried out however, so the true figure may be much higher.
9. The majority of those now being held will be individuals who have been convicted of a criminal offence in the past. It is important to remember that these are individuals who have now finished their sentences and who, if British, would have been released back to the community.
10. An analysis of 30 of Medical Justice's clients currently being held in detention indicated that:
 - a. In 29 of these cases, people are still being held despite there being no prospect of removal
 - b. Detainees with underlying conditions are not being released despite having COVID-19 comorbidities (Medical Justice is also continuing to see cases where such comorbidities have not been picked up by healthcare)
 - c. The case-by-case review process being carried out by the Home Office is not properly protective of vulnerable people and relies on the Adults at Risk policy. This policy has been heavily criticised, including by the Chief Inspector of Borders and Immigration in his recent review (published on 29 April 2020)
 - d. The Home Office claims that those still held in detention are "high harm" individuals from whom the public must be protected, yet some have never served a criminal sentence. In any case, public protection is not a proper use of immigration detention.

What is the situation like for those who remain in detention?

11. Conditions vary from one centre to another and are constantly changing, so it is difficult to generalise. The following observations are based on information gathered by Medical Justice through our casework.
12. While numbers in detention have reduced and all remaining detainees are now accommodated in single cells, it is still necessary to share showers, dining and other spaces. This means exposure to many hard surfaces where the virus can remain. It is important to note that experience from cruise ships shows COVID-19 can spread even when people are confined to their rooms.

¹ James Stevens, 'Home Office Update – Covid-19 and immigration detention' [letter to Michael Clements], 29 April 2020. Available at: <https://ilpa.org.uk/wp-content/uploads/2020/05/Letter-to-MC-29.04.20-1.pdf>

13. Issues with poor hygiene and ventilation in IRCs and prisons have been well documented previously and there is no reason to doubt that these still continue.
14. All visits have been stopped, including professional visits. This means organisations like Medical Justice cannot visit, thereby limiting detainees' access to an independent medical opinion. Blocking visits by lawyers and befriender groups means that legal representation and social support is restricted. The lack of visits is adding to the social isolation and mental health problems being experienced by detainees.
15. Detainees' access to time in the fresh air and other activities has been restricted.
16. Detainees' access to communication by phone, fax and email has also been restricted. It is therefore harder for them to access healthcare and legal advice. There are concerns over confidentiality in some centres, where detainees confined to their rooms must pass medical, legal and other documents to guards in order to get them faxed to lawyers and others providing assistance.
17. It is important to remember that access to everything is harder still for those who are isolating or in quarantine.
18. There is a lack of information being provided to detainees about what is happening and why. This is contributing to heightened levels of anxiety and other mental health issues amongst detainees.
19. Medical Justice is seeing serious mental health issues amongst its clients. There is a real sense of despair and desperation, evidenced by reports of people resorting to a protest at Brook House earlier this week.
20. There have been reports of a lack of PPE during removals, including in cases where detainees resist removal. This clearly puts both the escort staff and detainees at risk of infection.

Reduced scrutiny and monitoring of detention

21. Both Her Majesty's Inspector of Prisons (HMIP) and the Independent Monitoring Boards (IMB) have reduced their scrutiny activity in light of COVID-19. HMIP has introduced a limited inspection regime, while IMB has reduced visits and set up a phone line and email for detainees to contact. Medical Justice is very concerned about what this reduced scrutiny and monitoring may mean for detainees' safety and ability to raise concerns, in particular those held in segregation (whom the IMB, for example, should normally visit every 24 hours as required by Home Office policy).

Home Office response

22. In Medical Justice's view, the Home Office is failing to react proactively to this crisis. As far as we have seen, the department only seems to make changes, and then only in a limited way, when forced into action by stakeholders and media attention.
23. Stakeholders' ability to raise issues is hampered, however, by a lack of transparency and meaningful engagement from the Home Office. The department is refusing to answer simple direct questions put to them in letters or to release simple statistics such as how many people are still being detained. They are also not publishing the current operating policies or a list of countries to which removals are not currently possible, despite these having been requested.
24. The Home Office has released a good proportion of those detained. They also claim to have reviewed the cases of everyone still held in order to determine whether they should still be in detention. However, these reviews do not seem to have been carried out from a presumption of release or in a manner which prioritises protection or public health aims. Instead, they appear to have been conducted in a way that places immigration enforcement above all else. This has echoes of the mistakes made in the Windrush scandal and suggests that the Home Office is not learning lessons.
25. Medical Justice remains very concerned about reports of new detentions, as well as continued transfers of detainees between IRCs, and between IRCs and prisons. The latter is particularly worrying given the high rates of infection in prisons - 70 out of 117 prisons have confirmed cases and there have been reports of as many as 2,000 cases in total.² Indeed, it should be noted that the second confirmed COVID-19 case in detention was a person who had been transferred to Brook House IRC from prison on 2 April. He tested positive on 5 April and was isolated, but only after reportedly having had access to the gym, kitchen, library and other shared spaces.

² Danny Shaw, 'Coronavirus: More than 2,000 prisoners may have been infected, says PHE' (*BBC* 28 April 2020). Available at: <https://www.bbc.co.uk/news/uk-52449920>.